

No. 200
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32033

FILED SEP 21 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3139

4002
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clayton St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis UNIVERSITY CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospt.</u>		d. STREET ADDRESS (If rural, give location) <u>1331 Colby Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Frank Klersch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12 1951</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 18 1870</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>2</u>	11. DAYS <u>80</u>	12. HOURS <u></u>	13. MIN. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	---------------------	--------------------	-------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>?</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
--	--	--	--	---	--	---	--

13a. FATHER'S NAME <u>Charles Klersch</u>		13b. MOTHER'S MAIDEN NAME <u>Thersa Strunk</u>		14. NAME OF HUSBAND OR WIFE <u>Matelda Klersch Dec.</u>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497 18 8401</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Klersch</u>		ADDRESS <u>7534 Trenton Ave.</u>	
--	--	--	--	--	--	----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA, BRONCHIAL</u>		DUE TO (b) <u>FRACTURE OF LEFT FEMUR</u>		DUE TO (c) <u>9049</u>	
		ANTECEDENT CAUSES		DUE TO (b)		DUE TO (c)	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>DIABETES MELLITUS</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>UNKNOWN</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	---	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JULY</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>UNKNOWN</u>	
---	--	---	--	---	--

22. I hereby certify that I attended the deceased from 9-10-1951, to 9-12-1951, that I last saw the deceased alive on 9-12, 1951, and that death occurred at 5:10 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne E. Roberts, M.D.</u>		23b. ADDRESS <u>ST LOUIS COUNTY HOSPITAL, 601 S. BRENTWOOD, CLAYTON, MO.</u>		23c. DATE SIGNED <u>9/13/51</u>	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>	
---	--	-------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>9-13-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W Clark</u>		ADDRESS <u>1125 Hodiamont, Ave.</u>	
---	--	---	--	--	--	-------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

St. Louis Co Hospt.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Alfred J. Boelcher
.....
Licensed Embalmer No. *2663*

P. O. Address *11257 Indianmont*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.